



Municipality: Canton

Form NAA-01
2017 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____

True North, Inc.

Address: 27 South Street, Collinsville, CT 06019

Federal Employer Identification Number: 47-2383492

Program title: True North Teen Learning Alternative

Name of contact person: Darrell Cookman

Telephone number: (860) 989-2463

Email address: info@TrueNorthTeens.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- Energy conservation; or
 Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)).

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; **or**
 Other (specify): Job training/education for teens at risk for dropping out of the education system.

Description of program: _____

True North operates a learning center for students who choose to educate/train themselves outside traditional public and private schools. We offer a wide range of services including the following: assistance filing appropriate homeschooling documents, conducting non-credit classes, tutoring, help finding work/internship/volunteer opportunities, help with college admissions, mentoring, meeting with parents and members to plan and implement educational goals. Paid full-time, part time staff and volunteers lead classes and offer tutoring in specific subjects as directed by members and their families.

Need for program: _____

An increasing number of adolescents are not sufficiently served by traditional educational settings, putting them at risk for dropping out of the educational system entirely. As a result, many young people who drop out of school draw disproportionately upon municipal, state and even federal resources for social support (addiction, single parenting, job training, etc.). Even those students who remain in the educational system require significant resources in the way of expensive special education or alternative education programs involving extensive travel away from their home school setting.

Neighborhood area to be served: _____

Canton and the greater Farmington River Valley, including Avon, Bristol, Burlington, Granby, Harwinton, New Hartford, Simsbury and Torrington.

Plan to implement the program: _____

True North will complete a two-year pilot program in June of 2017. Program participants are in the process of successfully preparing for the GED exam, finding short-term and longer-term employment, obtaining drivers' licenses and applying for college programs.

Timetable:

Program start date: 09/01/17

Program completion date: 06/30/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$75,000.00
Other funding sources - itemized sources:	
a) <u>Membership Fees</u>	<u>\$40,000.00</u>
b) <u>Fundraising</u>	<u>\$20,000.00</u>
c) _____	_____
d) _____	_____

Total Funding: \$135,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Staff payroll</u>	<u>\$71,700.00</u>
b) <u>Lease of program space</u>	<u>\$38,400.00</u>
c) <u>Project Supplies/Materials</u>	<u>\$11,000.00</u>
d) <u>Phone/Internet</u>	<u>\$4,800.00</u>

Administrative expenses - itemized description:	
a) <u>Dues/subscriptions</u>	<u>\$4,600.00</u>
b) <u>Insurance</u>	<u>\$4,500.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$135,000.00

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 04 2015

TRUE NORTH INC
27 SOUTH ST
COLLINSVILLE, CT 06019

Employer Identification Number:
47-2383492
DLN:
17053104323035
Contact Person:
RAMACHANDRAN MANOHAR ID# 31344
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
August 25, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

Form **990-N**

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2015

Open to Public Inspection

A For the **2015** Calendar year, or tax year beginning 2015-07-01 and ending 2016-06-30

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: TRUE NORTH

27 South Street, Collinsville,

CT, US, 06019

D Employee Identification

Number 47-2383492

E Website:

www.TrueNorthTeens.org

F Name of Principal Officer: Darrell Cookman

27 South Street, Collinsville,

CT, US, 06019

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.